



Application for Residential Building Permit

www.sterling-ma.gov

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**1 Park Street
Sterling, MA 01564
978 422-8111 Ext 2301**

Permit # _____

Date: _____

Paid Amount: _____

Check Number: _____

Initials _____

Is this land under a Conservation Restriction?

Yes

☐

No

☐

Is this land under an APR?

Yes

☐

No

☐

Approved by: Mark Brodeur, CBO, Inspector of Buildings

Date: _____

1. Owner, Applicant Information

Project Address: _____ Assessors; Map _____, Parcel _____

Owner of Record: Name: _____ **Phone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip code:** _____

Authorized Agent Name: _____ **Phone Number:** _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

2. Proposed Project

New Home: _____ Size: _____ x _____ x _____ Number of Stories: _____

Addition/ Remodeling: _____ Size: _____ x _____ x _____ Number of Stories: _____

Attached Garage: _____ Size: _____ x _____ x _____ Number of Stories: _____

Detached Garage: _____ Size: _____ x _____ x _____ Number of Stories: _____

Deck or Porch: _____ Size: _____ x _____ x _____ Number of Stories: _____

Project Description _____

Total estimated project cost \$ _____

3. Homeowner License Exemption

The applicant for this project is the "Homeowner" as defined in 780 CMR, Section R105.0, and understands that he/she will be responsible for completion of the project in accordance with the Town of Sterling inspection schedule and the Massachusetts State Building Code.

Print Name: _____ **Sign:** _____ **Date:** _____

4. Contractor Information

Construction Supervisor: _____ **License Number:** _____ **Expiration** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Signature: _____ **Date:** _____

Registered Home Improvement contractor:

Company Name: _____ **License Number:** _____ **Expiration** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Signature: _____ **Date:** _____

Attach readable copies with picture, of current Construction Supervisor License and Home Improvement Registration if applicable.

5. Workers Compensation Insurance (MGL 152 section 25c)

Owner Name: _____ Address: _____	
City: _____, State: _____, Zip: _____ Phone: _____	
<input type="checkbox"/> I am a homeowner performing all the work myself. <input type="checkbox"/> I am a sole proprietor and have no one working in any capacity.	
<input type="checkbox"/> I am an employer providing workers' compensation for my employees working in this job.	
Company name: _____ Address: _____	
City: _____, State: _____, Zip: _____ Phone: _____	
Insurance company: _____ Policy Number: _____	
<input type="checkbox"/> I am a sole proprietor <input type="checkbox"/> general contractor <input type="checkbox"/> or homeowner (check one) and have hired the contractors listed below who have the following workers' compensation policies: (attach addition sheets if necessary)	
Company name: _____ Address: _____	
City: _____, State: _____, Zip: _____ Phone: _____	
Insurance company: _____ Policy Number: _____	
Attach current copies of certificates of insurance endorsed to the Building Inspector, Town of Sterling	

6. Debris Disposal

In accordance with MGL Chapter 40, Section 54, the Owner/Authorized Agent for this project stipulates that all debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL Chapter 111, Section 150A.	
Name of Waste Facility: _____ Address: _____	

7. Other Signatures Needed

Tax Collector: _____	For All Projects (MGL c 40 § 57)
Assessor: _____	For All Projects
Board of Health: _____	For project that might affect your sewage disposal system.
Water: _____	If property is connected to Municipal Water or Sewage
DPW / Street: _____	Curb Cut / Street Opening / Driveway
Fire Dept. _____	Fire Alarm / Sprinkler System
Police Dept. _____	Detail Work

8. Owner/ Agent Authorization

I, _____, as the Owner of the subject property hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this building permit application. _____ Date: _____	
Signature of owner	
I, _____, as Owner, / Authorized Agent hereby declare that all statements and information on and attached to this application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.	
Print Name _____	
Sign Name _____ Date: _____	